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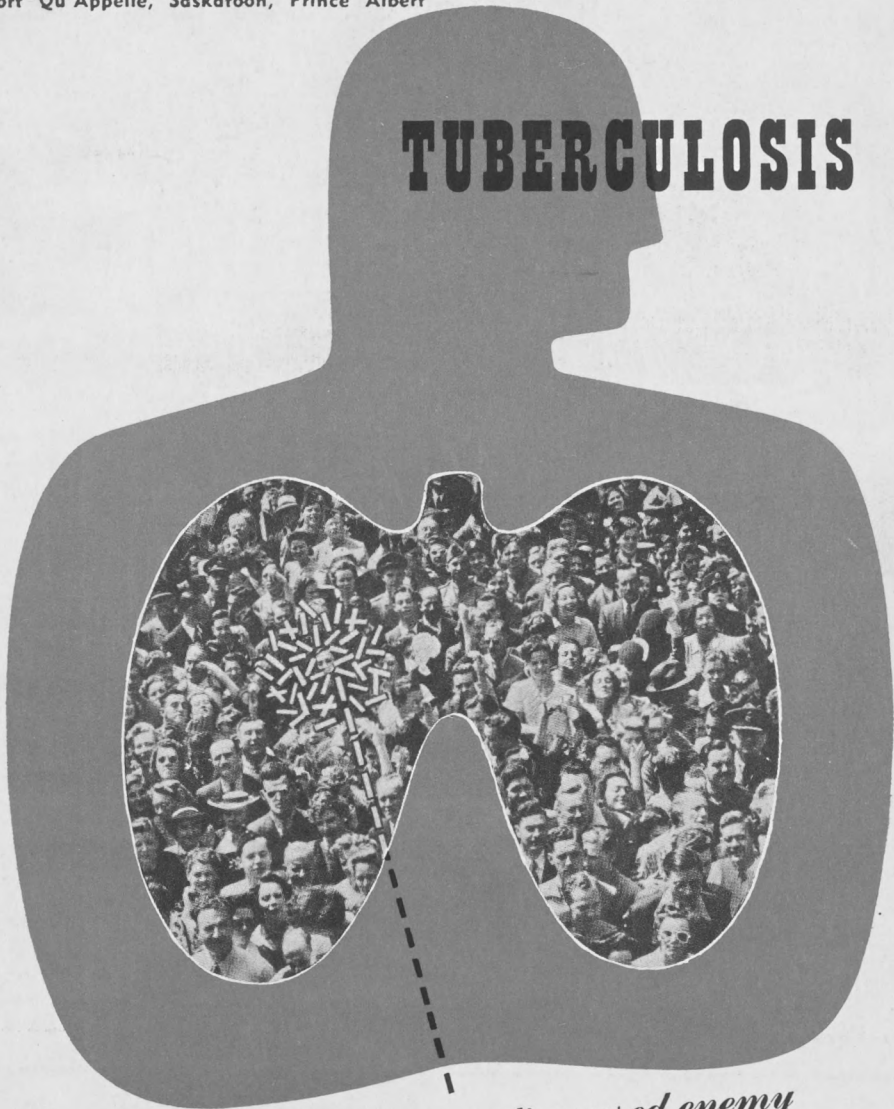
VALLEY

ECHO

The Magazine of the Saskatchewan Sanatoria:
Fort Qu'Appelle, Saskatoon, Prince Albert

OCTOBER, 1960

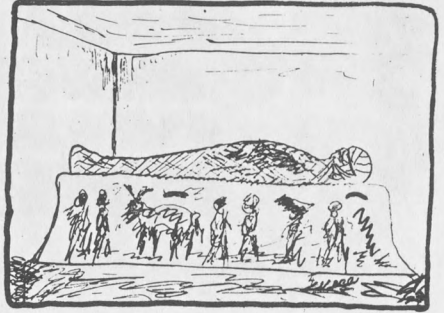
TUBERCULOSIS



undiscovered enemy

DID YOU KNOW THAT ...

TUBERCULOSIS WAS A SCOURGE IN EGYPT AS FAR BACK AS 4000 YRS. AGO. A MUMMY OF TUTANKHAMEN RECENTLY FOUND IN ONE OF THE PYRAMIDS REVEALS HE DIED AT 18 YEARS OF TUBERCULOSIS?



UNDER AVERAGE CONDITIONS T.B. GERMS CAN BE ALIVE AND VIRULENT IN A HAND-KERCHIEF FOR AS LONG AS

THREE MONTHS!

A RABBIT NOT A GUINEA PIG WAS USED FOR THE FIRST INOCULATION WITH TUBERCULOSIS BY KLENCKE IN 1843. DISEASE WAS PRODUCED WITHIN 26 WEEKS, BUT HE DID NOT APPRECIATE THE SIGNIFICANCE OF HIS DISCOVERY?



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THE VALLEY ECHO

spreads information about tuberculosis

In spite of much that is being said, tuberculosis has not yet been conquered, not brought under final control.

People tend to become negligent and such an attitude may be the undoing of the tuberculosis program. Consequently people need continuing education and are being asked to subscribe to this magazine which is published by the patients and staff of the sanatoria.

The price is one dollar a year and is less than cost, and is kept low so that everyone can subscribe. Just sign below and enclose a dollar.

NAME

ADDRESS

Clip and mail to the Valley Echo, Sanatorium, Saskatoon, Sask.

When you and your family have perused this issue, please hand it to your neighbor.

THE VALLEY ECHO

Published monthly by patients and staff of the Sanatoria operated by the Saskatchewan Anti-Tuberculosis League, being their voluntary contribution to the campaign against tuberculosis.

Instructive or amusing articles, poems, photographs, cartoons, etc., are solicited and will be used as space and occasion permit.

The Valley Echo accepts no responsibility for opinions expressed in signed articles.

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The Valley Echo

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OCTOBER, 1960

NUMBER 10

What Was Done for Tuberculosis in Saskatchewan in 1959

Tuberculosis today presents a picture of change, happily for the better. Progress in the future will require careful study and planning, and a public awareness that although a battle has been won, the war is not over. Unremitting vigilance will be the price of safety.

It is likely when the August number of the Valley Echo was published, not many people used the opportunity to read the reports of the President, and of the Director of Medical Services for the year 1959. These are most interesting documents, but pages of reading matter, some figures and a number of tables seem to raise barriers against these being digested. Education and knowledge is necessary in maintaining public interest and so some of the more important details from these reports are now being given in a less formidable manner. It is hoped that if you have read this far, you will go on.

The infection rate in Saskatchewan is falling year by year and this is expected to continue provided the present case finding program is maintained. When new cases are discovered as early as possible and before they have a chance to spread the infection then the source of new disease is eliminated. However, a larger percentage of early cases must be found; last year over 54% of the newly discovered patients were in the advanced state of disease. Almost without exception these had been spreaders of infection when they were found. (In 1959 among the adult patients in the sanatoria who had disease in the lungs nearly 65% were spreaders.) There are good reasons to feel that progress is being made but the ideal sought is to find all new patients in the beginning of disease. Then will the tuberculosis utopia be in sight.

"Reservoir" is a new word in tuberculosis language—it means the groups of people who could become sanatoria patients—former patients, persons with x-ray signs of healed disease which appears to be healed and who have never had treatment, and lastly the remainder of the people who are infected, that is have a reaction to tuberculin. These combined groups comprising the "reservoir" number less than 25% of the population. This illustrates the points at which our preventive program has been and will continue to be most effective. We must continue to detect active cases as early as possible to prevent exposure of the 'clean' part of the population. At present there is no practical way that we can prevent cases arising from the reservoir but it is imperative that we keep this group under regular surveillance in order to break the circle.

A hopeful sign is the reduction in the number of patients who require readmission—relapses for further treatment. The number in this group has been slowly decreasing for the past ten years, partly because the whole patient body is decreasing but also and possibly mainly due to modern drug and surgical treatment. It is hardly realistic to surmise that there will soon be no relapses—for relapse is one of the outstanding characteristics of the disease. "If we are able to prevent the reservoir from increasing to any extent time will naturally take care of it. In fact without present control of the situation we believe that fewer individuals are being added to it through exposure to infection than are being eliminated from it." This is the reason for the all-over decline.

Death numbers were formerly used as a yard stick to measure the effectiveness of the program, but that has been given up, for the rates in recent years have been very low not only here but in several other provinces. Last year there were 19 Whites and 9 Indians who succumbed to tuberculosis. Two children aged six months died of meningitis which means they were infected by some one in the family circle. Half of all the deaths were of people over 60 years of age. A visit to any of the sanatoria will show the large number of middle-aged and older patients—quite a change from the early years of the tuberculosis work. As long as over half of the disease is found in the advanced state, there will be some patients who will not be able to cope with their trouble (even though they make a false convalescence for the time being) and therefore there may not be much change in the death rate for some time.

During the year, 279,112 persons had medical advice regarding tuberculosis, at the expense of the League, out of an estimated population of 902,000. The findings were 192 new cases of tuberculosis. Of this number 24 were treated or kept under observation outside the sanatoria. Twenty-two percent of the new patients had disease in other parts of the body than the lungs. In the mass surveys 25 new patients were discovered (included in above figures) one for every 5452 examinees. In the Far North four communities were surveyed but only one case came to light. Under the Hospital Admission arrangements 32 new cases were discovered, one new case for every 2049 examinees (included above). The Stationary Clinics held periodically at various places in the province 19 new cases came to light among 1147 'first examinations' and 10 new cases among 3832 review examinations (included above).

There were 3754 review examinations of ex-patients in the various services of the League and 111 were re-admitted for treatment. Among 4633 contact examinations the incidence of active disease was 1.16%. There are about 20,000 Indians in Saskatchewan and 15,911 were investigated for tuberculosis in 1959, partly by the League but mostly in association with the Indian Health Service. Thirteen required treatment. It is interesting that among the 1217 children examined in four Indian Residential Schools not one case of active disease was found. This would seem to weaken the idea that the Indians are "susceptible".

BCG vaccination was given to 1070 Indians, to 418 patients under the Saskatchewan Mental Health Services, and 1142 done otherwise by the League physicians, 2630 in all.

In the Teachers' Colleges at Regina and Saskatoon the 846 students were investigated (62 had formerly been vaccinated with B.C.G.). No active tuberculosis was discovered. The infection rate of those not vaccinated was approximately 10%.

Twenty-seven medical students from the University of Saskatchewan attended lectures and clinics at the Saskatoon Sanatorium.

Nurses from training schools were received for affiliation courses in tuberculosis at Fort Qu'Appelle (195) and Saskatoon (116).

—H. C. BOUGHTON.

A Story With a Happy Ending

ELSIE LEIER



When I entered the P.A. San
—1948



Ready for discharge—1955



June 1960—well and working

When Miss Elsie Leier was in the other day for her yearly check-up we asked her to give us a little write up on her experiences at the Sanatorium here. Elsie we feel is well versed in "cure taking" having spent 7 years and 4 months as a patient.

"I was 14 years old," says Elsie, "when I was admitted to the Prince Albert Sanatorium in 1948. I was acutely ill with tuberculosis and besides I had diabetes to complicate matters.

It took me at least 3 weeks to accept the fact that I had tuberculosis and that I must stay in bed. But since I felt so ill, I was only too glad to stay in bed. Then and there I had learned the most important rule in curing tuberculosis, namely **rest**. Rest I did, 24 hours a day, flat on my back. I did not even sit up to eat my meals, till I was given permission to do so.

I accepted the fact that the exercise treatment was the doctor's business and that if I wanted to get well I must go along with his plans for me. I wanted to get better. At 14 years, I still had a lot of living ahead of me.

I was fortunate in being able to take the drugs that all patients now take for granted. Also to assist in healing my lungs I had pneumo-peritoneum, a treatment no longer used. I also spent considerable time in the Postural Drainage position. This means lying with the foot of the bed elevated 18" to 20". It takes some adjusting to get used to this but one can get used to anything when you know it is to help you get better.

In spite of all the treatment, I had set backs and haemorrhages. A lung haemorrhage is most alarming and makes the most daring stay in bed. It is too bad that some of us have to experience a pulmonary haemorrhage to realize that tuberculosis is really dangerous.

I had much time, so I took advantage of the schooling provided for patients. I managed to go from Grade V to Grade IX. Besides doing my school work, I read a great deal. Strangely enough I found words interesting especially their derivation. I also had much time to think. People get little time for meditation these days. Time spent in the Sanatorium

getting well can be profitable in many ways, at least I found it so.

As I said I took my Grade 9 in the San and I read a lot, which was of great advantage when I left the San.

We all know that intellectual education is essential in our days in the formation of character. Without schooling we won't go far. A free education we were offered and I certainly am very grateful that now being back in the world I passed a part of my high school.

Reading was also a favored pastime for me, and I think that did me a lot of good. Being in the San all one hears is about happenings in the San, and what our relatives and friends tell us when they come to visit. What really is happening outside of the walls of that small world we don't know; we don't meet many people, we cannot see it for ourselves. For that reason I think that reading at that age was very important; when I got back home and I had to meet people and see places I knew much better what was going on. It was much easier to take my place in this world again. Reading a good interesting story was a real recreation to me; the time passed quickly so I had no time for thinking or worrying about my sickness. Sometimes I would be glad even if no patient would come so I could finish my book. I always felt that a good book was a boost to morale—and what is more important to San patients? What can help them more?

One other thing I would like to mention as far as reading is concerned. It is certainly true that the best medicine for the san patient is "being content". What can you give to a patient that will make it easier for him to reconcile himself to his lot in life, than a good spiritual book, which in a very clear and simple way explains to him that our stay in this world is not our destination; that every one of us is meant for the life hereafter, which will not depend on what great things we have performed here in the eyes of this world but only on how we have fulfilled our daily

obligations of every minute of our life? Show that by the fact they were sick they have to take care of themselves, to use all the means possible to restore health—in other words to follow the rules and prescriptions of San and doctor. I do believe that such a book would be a blessing and for the patient and for the San as a whole.

I am sorry for those who cannot settle down and who press for premature discharges. Leaving before you are ready to go, refusing treatment or disobeying rules really hurts no one but you. You cannot run away from tuberculosis. So stay with the treatment and rules necessary to effect a cure. Then the day will come when the doctor will say to you as he did to me: "Elsie, much as we like you here, we now think you are well enough to go home." It was wonderful, just like saying: "Here's the world—take it—it is yours."

I have now been out of the Sanatorium for 6 years and am well and enjoying life and my work as a telephone operator at my home town Mildred.

Mine is a story with a happy ending,, don't you think so?



LOOK! YOU MIGHT FIND IT HERE . . .

Questions are solicited from readers of the Echo, whether patients ex-patients—or just interested.

This department is considered most important and the questions are answered by our League physicians.

Questioners will please sign their names as a matter of good faith but these will not be published.

Question: If one reacts to tuberculin does it mean that there are T.B. germs in one's body and can those germs cause the disease tuberculosis?

Answer: Yes, that is the exact meaning. However, one should remember that a great majority of the people who react to tuberculin do not develop tuberculosis. If tuberculosis workers could foretell which tuberculin reactors would develop the disease a very great help towards the elimination of the disease would be available. As often written in The Valley Echo, the likelihood of developing tuberculosis out of a tuberculous infection depends on one or more of three factors, no one of which is ordinarily under control. These factors are, one, the person's natural resistance against tuberculous infection; two, the size of the infecting dose; three, the virulence of the tubercle bacilli. Everyone who reacts to tuberculin for the first time should have an x-ray film or fluorograph of the chest.

Question: When a person is asked to come back to a clinic or sanatorium for a review and does not come after repeated requests, can anything be done to oblige that person to come?

Answer: If the person has no tubercle bacilli in the sputum, nothing can be done—if a person is not a spreader surely nobody is stepping in to enforce him into an action which cannot be proven to be necessary. On the other hand when repeated requests for a person to come back for review are not heeded investigation shows that there is some other factor

which is not commonly known and at the sanatorium where this is being answered in nearly every such case a way has been found to have the person come willingly.

Question: Is it possible to have a body temperature of 100 with no disease? Can emotions cause a rise in temperature?

Answer: Body temperature fluctuates somewhat during ordinary daily activities just as do blood pressure and heart rate, and it might be possible to detect a temporary rise to 100 degrees in an apparently normal person depending on the amount of exertion undertaken. Studies have shown that during and immediately after strenuous athletic contests, the temperature is usually somewhat above normal. In fact, some temperature elevation occurs when a heavy meal is eaten.

Because emotional outbursts usually are accompanied by considerable physical activity, even if it is no more than the restraint practiced by a person who is "burned up" inside, a brief rise above normal temperature might possibly be observed.

Question: What is meant by clinical signs of tuberculosis?

Answer: Strictly speaking the clinical signs include the history of the patient's illness and the information obtained by examining the patient in bed, all in contradistinction to the information which comes from x-ray and laboratory examinations. The word "clinic" comes from the Greek, meaning "pertaining to a bed".

Question: Can tuberculosis be contracted from positive reactors?

Answer: No, not unless the positive reactor's infection has developed into disease and the disease has increased to the place where there is sputum containing germs. Ordinarily speaking, no one about whom there is just the information of a positive reaction to the tuberculin test should be ostracized in any way.

...THE ANSWER TO YOUR QUESTION

Question: Is it advisable to have periodic sputum examinations and gastric lavages after leaving the sanatorium if the x-ray films are satisfactory?

Answer: If you have sputum you should continue to have it examined at least once every three months; if you do not have sputum but occasionally develop some especially with the so-called cold, you should then send in a specimen for examination; if you have no sputum and at the time of review your x-ray film shows a satisfactory condition it would not seem necessary to have a gastric lavage. It should be impressed upon expatrients that whenever sputum appears after a period of no sputum, a specimen should be examined. Occasionally such specimens will reveal tuberculosis germs and be the certain indication that the patient needs further consideration.

Question: Is it correct to say that tuberculin reactors are infected even though the x-ray film shows no evidence of disease?

Answer: Yes, it is still correct that such persons are infected. Your failure to understand this is due to your failure to separate tuberculous "infection" from tuberculous "disease." Many people have a tuberculous infection but of all those who have a tuberculous infection it is only a small percentage who develop tuberculous disease. However we can never tell which ones of the infected are going to develop disease and for that reason all persons showing a positive tuberculin reaction should be immediately x-rayed. If in previous years they have been free of infection, such persons should be x-rayed two or three or four times in the first two or three years.

Question: Can a patient who has a negative sputum but positive gastric washings infect another person by kissing.

Answer: Yes. It must be emphasized again and again that a positive gastric wash comes from positive sputum which has been swallowed.

Question: What work is done in places outside Saskatchewan to prevent and treat Tb?

Answer: Much the same work as is being done in Saskatchewan. There are no secrets in tuberculosis treatment. Tuberculosis physicians are like one large family, and pass back and forth their experiences in diagnosis and treatment so that what is done in one place today and shown to be worthwhile is known everywhere else tomorrow or at least as soon as magazines are printed. The officials of the Tuberculosis League believe that everything worthwhile that is being done anywhere on earth is being done also in Saskatchewan. This province was a pioneer of fluorographic surveys and is the first large geographical area where every person in the population has been given the chance to have his or her lungs x-rayed for discovery of tuberculosis.

Question: Are there any months of the year when the climatic conditions are conducive to pulmonary haemorrhage or are detrimental to tuberculosis in any way?

Answer: Probably not.

Question: Will the x-ray disclose any infected area in the lung regardless of its size and location?

Answer: Presumably you mean, will the x-ray disclose any "diseased" area in the lung, for the x-ray does not show infection—it shows disease. And now to answer your question, in a few instances areas of disease in the lung may be so small as to escape detection by the x-ray, or in some cases the disease may be obscured by some other more dense structure such as the heart or bones. However in day to day experience the x-ray film is very effective in showing up any significant disease.

POT-POURRI

Gathered, gleaned, expanded, condensed, altered, converted, composed, revamped, with credits to some and apologies to others.

One of the problems in the treatment of tuberculosis that is causing considerable concern throughout North America is the increasing number of patients who are becoming resistant to the drugs they are taking and so have to rely on bed rest treatment only. There are a number of reasons why tubercle bacilli resist drugs but the most important one is the fact that some patients neglect to take their drugs continuously and may discontinue one or another for shorter or longer periods of time at their own discretion. When they do so, the germs rather quickly become resistant to the drug that is being given alone and then when the second drug is started again, they become resistant to this. It is extremely important that all prescribed drugs be taken in combination without interruption. It is vital to stress this matter once again at this time.

Tolbutamide Offers Hope—Seven patients with multiple sclerosis showed "definite improvement" following treatment with a drug used primarily for diabetics, a Minneapolis physician reports. Multiple sclerosis (MS) is one of the most common disorders of the nervous system. There is nothing known that will arrest or cure the disease. Definite improvement in symptoms and signs was seen in all patients under tolbutamide except when a high-carbohydrate diet was suddenly started. Some researchers have suggested that MS may be primarily a disorder of carbohydrate metabolism. Tolbutamide, introduced in 1957, is an agent for lowering the blood sugar level. It is widely used in treating mild diabetes, a disorder of the metabolism resulting in a high level of sugar in the blood. Recently the drug has been useful in treating acne and Parkinson's disease, another disorder of the nervous system. It was the successful remission of acne and the symptoms of multiple scler-

osis in a patient given the drug for acne that prompted the use of the drug for six other patients.

Medicine Today—Offers more opportunities and rewards than ever before but there are signs that many young persons are failing to take advantage of them. In the United States the number of students applying for admission to the nation's 85 medical colleges has dropped steadily since 1956. Canadian Medical Schools are experiencing a similar decline. Those who pass up medicine today are doing so at a time when it has become one of the most rapidly progressing fields in the nation offering maximum promise for a young man or woman.

Mrs. Mary Chewoniak came to the Saskatoon Sanatorium early in December and tuberculosis claimed her in March. The remarkable feature in this instance is that she was nearly 100 years old—she was the oldest person to have come into the Sanatorium. Possibly she had her tuberculosis infection in the Ukraine from which she came at 18 years of age but her disease didn't catch up to her until recent months. So far no information has been obtained that she spread any tuberculosis, but of 10 children only three are living. Wonder what the cause of these deaths might have been. Tuberculosis?



POT-POURRI

Floride Toothpastes—As yet there is no conclusive proof that these pastes prevent tooth decay, according to Dr. Francis A. Arnold, Jr. of the National Institute of Dental Research, Maryland. "The results of clinical trials made so far are as controversial as those obtained by the use of other dentifrices."

Crossed Leg Hazards—The habit of sitting with crossed legs can bring on or aggravate a raft of problems through interference with blood flow. Some examples are chronic arthritis of the knees, varicose veins, dropsy, sciatica, and formation of blood clots. Persons with long legs and pregnant women are especially vulnerable to the hazard of clots which may later lodge in the lungs.

Tough but Necessary—In Jarrow, England, in 1958, a man with active TB stubbornly refused all treatment. When health officers found that he had infected three children, the city magistrate ordered him into a sanatorium. In Oxford, February of this year, a mother with active tuberculosis, who repeatedly failed to keep her appointments at a chest clinic, despite a great deal of coaxing, was also sent to a hospital under a court order. So much for England.

In the U.S., 39 states have laws which can put a patient with infectious TB into a hospital for treatment, if he refuses to go voluntarily after all possible persuasion has been used. If he goes AWOL before the doctors are ready to discharge him, he can be brought back.

For two countries which put personal liberty on a pedestal, such action seems outrageous. How come no protest marches, no picket lines, no angry letters to the editor?

Well, the laws are aimed at the disease, not the patient. And the laws are clearly as necessary to the health of a community as those which require landlords to keep their buildings safe and sanitary. TB is a highly infectious disease, more so than lep-

rosy for example. On the other hand, a patient who has received prompt and adequate treatment is not infectious at all. He is, in fact, a lot safer to have around than someone with a cold in the head.

There's no getting away from it. Someone with infectious TB is a danger to those around him, as well as himself.

—Oregon Pulse

Codeine Substitute—A U. of Illinois research team has found a new synthetic drug (designated as Ro 4-1778/1) which appears to be at least as potent as codeine without latter's habit-forming properties. If the experimental work is confirmed by others. MDs may soon have long hoped for potent, non-addictive drug between codeine and morphine.

These are tuberculous mice 19 days after infection.—On the left is the untreated mouse which died a few hours after this picture was taken. The other, treated with isoniazid (INH), was eventually chloroformed to death and the post mortem showed that at 35 days it was still healthy. One must not jump to the conclusion that such wonderful results always occur in men and women, but nevertheless the "wonder drugs" used in tuberculosis conscientiously with proper rest are almost certain to give excellent results.



(Photo by Wisconsin Crusader)

Let me tell you why



This particular case involves a person who in May, 1958, had a four plus positive tuberculin reaction, but her survey film showed only calcification (Calcification is a sign of healed disease — generally old tuberculosis which did not cause symptoms) without evidence of active disease. She became ill with "bronchopneumonia" in September, 1959, and received home treatment by a family doctor. Had she gone to the hospital she would probably had an x-ray film of her lungs and the proper diagnosis have been made, but the diagnosis was not confirmed as tuberculosis until February, 1960. In the interval she spent a week with her in-laws in Regina and Rocanville. The follow-up contact examinations brought to light the following twenty cases of tuberculosis requiring Sanatorium care.

- 1—Husband (Prev. Pos. Tbn. X-ray Neg.)
- 5—Children (Prev. Neg. Tbn.)
- 3—Brothers-in-law (Prev. Neg. Tbn.)
- 1—Sister-in-law (Prev. Neg. Tbn.)
- 1—Baby-sitter

Unusual? Yes
Impossible? No

- 3—Nieces
- 1—Nephew
- 1—Aunt by marriage (Prev. Neg. Tbn.)
- 3—Cousins (Prev. Neg. Tbn.)
- 1—Niece by marriage

In other words, from the time of this survey in May, 1958, until her admission to the Sanatorium in February, 1960, this person developed far advanced tuberculosis in both lungs. In her visits to her relatives she spread infection everywhere she went. Not knowing she was a danger to others no precautions were taken but being ill she was doubtless the object of tender solicitude and consequent intimacy.

This particular instance points out the necessity of maintaining constant vigilance, together with early thorough follow-up examination of all contacts to new active cases of tuberculosis. Although the amount of infection has been greatly reduced, a far advanced infectious case in a community presents a great hazard. Over 75% of the people have never been exposed to tuberculosis and, therefore, the infection finds a most fertile ground for implantation. In such virgin soil slight exposure to gross infection or repeated exposure to lesser infection is quite likely to promptly result in disease.

Truly this is an unusual story but it does point out that tuberculosis is still a serious infectious disease that can inflict havoc out of a blue sky.

Since the above was written another two contacts in this group have been found to need treatment.



Back row, sitting on chesterfield, left to right: "Jennie" Nosbosh, Mrs. Dorothy Ahenakew, Marie Heir, Dorothy Peryniak, housemother Mrs. Pauline Derkhez, Mrs. "Marg" Loeppky. Front row, on floor, left to right: Miss Ruth Smith, Mrs. "Marg" Klassen and Miss Ruth Witte.

On her retirement on September 22nd after almost seven years on the San staff as a nurses assistant, Mrs. Dorothy Peryniak was presented with a lovely electric frying pan at a surprise party in the Nurses' Residence. The presentation was made by Miss Ruth Witte, an ex-nurses assistant. Mrs. Dorothy Ahenakew, a staff member, called for Miss Peryniak at the Nurses' Residence in her car real early and arranged for a drive around the city, while the nurses' aides and others prepared lunch at the residence. About 8.15 p.m. the two "Dots" returned, the timing being as planned, and upon entering residence "they fell right into the farewell party" where ten nurses assistants and Jessie Oliphant, nurse-in-charge of 2nd floor, and members of the San kitchen staff were present. A light buffet lunch was served. Among those present were: Hilda Fingler, Ruth Smith, Marg Klassen, Ruth Witte, Mrs. Dorothy Ahenakew, Marie Hier, Dorothy Peryniak, Mrs. Marg Loeppky, and the housemother, Mrs. Pauline Derkhez. Miss Peryniak intends to reside in Vancouver, light housekeeping. Mrs. Marg Klassen, nee Wiebe, replaces Dot.



Miss Dorothy Peryniak examining her farewell gift of an electric frying pan.



Years ago there was a movie based on the life of Thomas Edison. Part of the story was about his attempts to find some kind of wire to make the filament that lights up inside the bulb. About the time he had tried something over 1,000 substances without one that filled the bill his assistant (in the picture) said, "It's too bad Mr. Edison. All that work and no results."

"Oh, I have plenty of results," said Edison. "I know one thousand and twelve things that won't work." (We are quoting that figure from a picture seen at least 20 years back. The figure may be wrong but the idea is there).

Finding out what **won't** work is a large part of research in tuberculosis as well as other fields. The men and women who spend their lives trying to ferret out something that will help prevent or cure tuberculosis must have the same kind of creative patience that Edison had.

What sort of problems do TB researchers tackle?

Right now some of them are trying to find a way of testing for activity of the nasty little bacillus in the body. How would that help? Like this:

Suppose in a city they have a tuberculin-testing survey. In a certain district they find they have 500 persons with positive reactions but whose chest x-rays are satisfactory. The MHO, or the man in charge of the chest clinic knows, however, that all the 500 are not the same. Some of them are never going to develop TB. Some of them may have trouble when they pass middle age. One or two others will have trouble inside a year or two because right now the germs are making headway, even though he cannot yet make it out on the x-ray.

If he just knew in which persons the germs were getting ahead he could start drug treatment right away before the germs got in any more of their dirty work.

Offhand someone might say, "Well, why not give them all drugs if they are positive, just in case the germs are having a field day?"

That won't do because they would likely become resistant to the drugs and if the time came when they had active disease the antibiotics would not then be much use.

So what would be enormously useful would be some kind of test that could be given to all those with a positive reaction which would show whether the tubercle bacilli were actively campaigning or if the body's power to resist had them quelled for the time being.

So far our heroes investigating this field have had more painstaking work than encouraging results, but in the tradition of research workers, they will go right on. After all, when Erlich discovered the first drug effective against syphilis he called it 606 because it was his 606th try. The first 605 attempts didn't work. And the first of the effective sulpha drugs was generally referred to as M & B 693 because the researchers for one company alone, M & B, had made 692 tries before they got what they were after.

Bless them all as they keep trying.

—TB and not TB

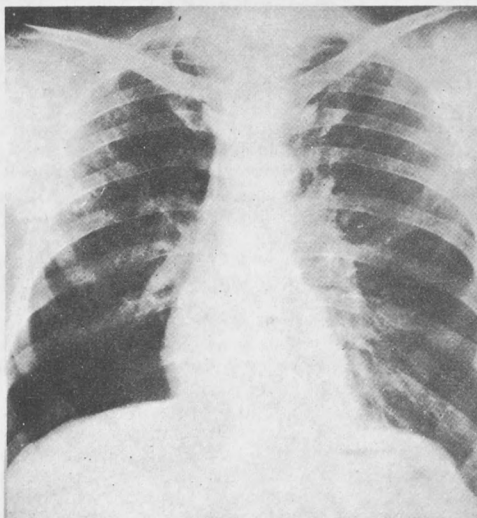


Fig. 1

June 3, 1947—Routine X-ray of chest reveals no gross pathologic changes.

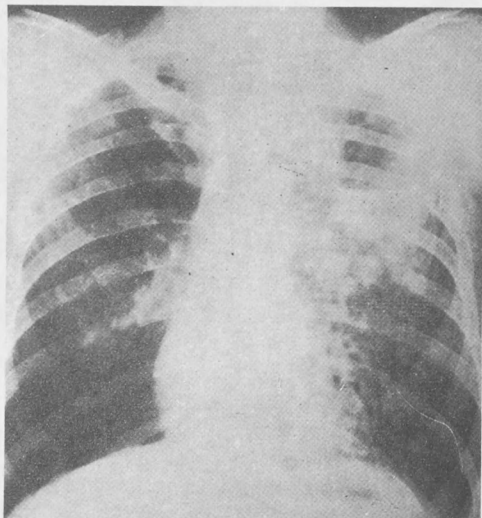


Fig. 2

July 3, 1947—Left upper lobe now is occupied by a giant cavity showing a fluid level in a caseous lung; disseminated infiltrations in lower lobe.

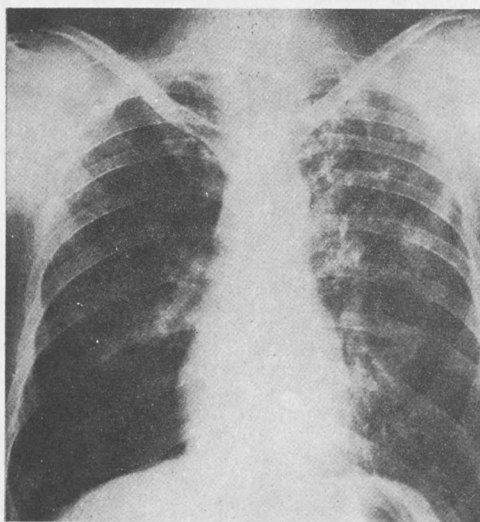


Fig. 3

Nov. 17, 1947—After four months of streptomycin treatment, there is marked clearing and the cavity is no longer seen.

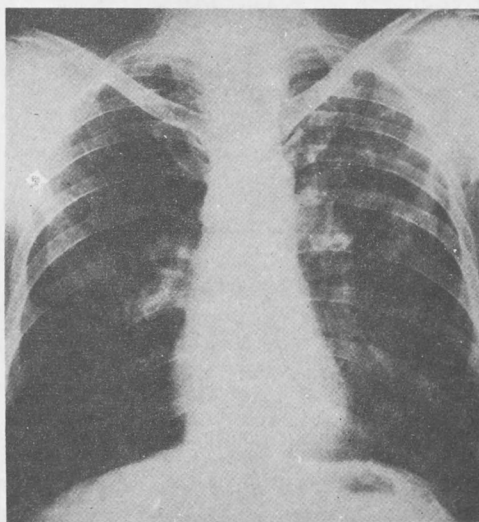


Fig. 4

Feb. 11, 1948—Status three months after discontinuation of streptomycin therapy, the improvement on X-ray has been maintained; the disease is arrested. Sputum remains negative on concentrate and culture on repeated examinations.

—Courtesy Merck and Co.

“Left” in the illustrations is right to you as you view them.

NEWS from FORT SAN

For several months this column has been prepared by Len Arkinstall whom the Editor did not have the pleasure of meeting, but knew him only by his work for *The Echo*. The following items have been in our hands for some time, but delayed from appearance by the Annual Report. However, they are not out of date. Len had a large outlook on the sanatorium, he did not report people so much as the course of life in the community and the events which came that way. He reported the institution to the people of Saskatchewan—and this is one of the reasons for publishing the *Valley Echo*. We hope that he does well with his tuberculosis and that the disease treats him kindly so that he never returns to the sanatorium except for a review or to visit—or let us hope to report to the *Echo* what he observes and hears.

It is not always the easiest thing to sit down and try to put into words just what happens in this Sanatorium. Do we even give it a thought how fortunate we all are to have so much. Do we ever say thanks for all we get and for all that is done for us. Everything seems to be taken for granted. We as patients should look that situation over and take stock of ourselves. First let us remember that it takes a lot of people to administer to all our wants which involves a big expense. Wages have

to be paid, all kinds of goods and merchandise have to be paid for. It costs a considerable amount of money to send our doctors and staff with their big vans all over the province to find people who never suspected that they were victims of the TB bugs. Some day when you are on full exercise just take a slow walk around the San and see for yourself just what is going on. You will be amazed how much work has to be done. Just take a look inside our laundry, and you will really see a busy staff. Take a look at our power house and you will see some of the finest up to date machinery. Then there is the maintenance staff and house cleaners. These are only a few of the many services we receive apart from what all our doctors and nurses are doing for us. Yet, let us get down to brass tacks, let's cut out the grumbling and complaining. Sure we are unfortunate in having TB but supposing we had to pay for all the treatment and drugs and care we get this would be a debt we would never be able to settle, so let us all think about these things. Let us all be more appreciative and thankful to the people who are responsible for our welfare. Don't let us depend on our doctors and staff for everything, let us do our part by trying to be content and cheerful, and by doing the things we are told to do. Again quit your grumbling and complaining unless you have to.

Just a word of advice to the patients who are always feeling sorry for themselves and have so many imaginary illnesses and think all the world seems against them. Remember you are not the only patients in the Sanatorium, so if you want to get well and go back to your homes and friends again you have to do a little fighting for yourselves. Take a look at the other patients and see what they are doing. You will find most of them are far too busy in their many and varied occupations to worry about some thing that is not wrong with them. They have accepted the fact they have TB so are making their lives as pleasant as they can by doing all kinds of art work. These patients are happy and content and they don't intend to lie down and let the doctors and nurses do everything for them. Just go and visit a few of these people and you will see such interesting work as copper work, leather work, rug making, figurine and statue painting, basket making, photo frames and

SANATORIUM TERMS ILLUSTRATED



jewellery. These are only a few things that will help you to pass your time away and make you forget your troubles. Get into a card game or read a good book and if you are allowed out go and sit in the wonderful grounds we are so fortunate to have. There are a hundred different things you can do so get busy and count your blessings. There are two very energetic boys from E.III who get a great kick out of collecting empty bottles. This not only keeps the grounds clean and tidy but it is bringing in a little pocket money for the boys.

How about it you people. Throw your cares and worries away and make the best of things. Life is worth living so cheer up and be like the rest of us.

Speaking as the representative of the Fort San Valley Echo I wish to offer my personal thanks to all the patients and staff who so willingly contributed of their dimes to put this worthy magazine over the top. For a humble dime you get a store full of the most valuable information it is possible to get. There is no doubt about it this magazine is worth its weight in gold. We not only read about the doings of our other Sans, but we have those very educational pages of questions and answers, saying nothing of the pages of the past and future history and cure of TB. It must be very disappointing to many patients who buy the Valley Echo and then find there is no mention of any of the patients on their respective floors. Much of our news is compiled by the association of patients mixing with each other so in this issue I would like to ask for a volunteer from each floor to bring me all the news he or she can gather.

We want to increase the sale of our magazine so the more interesting news we can put in it the more we will sell and the more we sell the more people will learn about how to be conscious minded regarding their personal care and yearly check-up, so that our doctors can do their part in eradicating this detestable disease for ever. I have been asked by some of our charge nurses why I don't write about some of their patients and the only answer I can give for that is I don't know anything about them, but if I can get a little co-operation from each floor I will make it my business to see they get all the news there is room for, so please send it in early and let me have some photos too.

SAFETY MEASURES

This seems to be the most opportune time to comment regarding the measures taken to safeguard and protect our buildings and patients in case of emergency. How many of us think or realize that at any moment we could, by someone's carelessness, have a major fire which would call for quick and experienced personnel. It is very gratifying to know that we have at this San these very capable and experienced people. We shall give these people all the praise they deserve. Not long ago we witnessed the efficient and speedy exhibition put on by our staff. Our siren blew the alarm for fire drill and in less than 10 minutes the fire ladders were erected, the water hose laid out and connected to the water supply and the building completely saturated with water. Everyone was on the job including doctors, office staff, nurses and work men. We should all feel very proud of our fire chief and his captain because under their instruction the whole fire drill was perfect. Mr. Skinner, we take our hats off to you and all the staff under your direction.

Let us remember patients that it is up to us all to help all we can to avoid a real fire, so if you have to smoke in bed, be sure you are awake and when you are through be sure you have snubbed your lighted cigarette end.

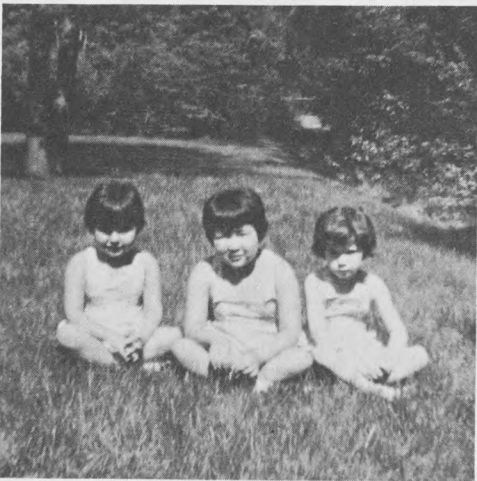
Another valuable man we must say thanks to is our night policeman. His is a lonely job which is to be carried out regardless of the weather. His job is to patrol all the San grounds and buildings and to report anything unusual. This job calls for nerve and quick thinking, he must know just what to do in case of emergency and what people to contact. There is no dodging the column of his job, because he is to account for all his visits to the different buildings by punching a time clock. Inside this clock is a dial which indicates just how many times our policeman visited each building on his rounds and also the time. So let us give this man a big hand as this is another form of protection we enjoy. Let us all be safety conscious, help the people who are responsible for our protection. This is the least we can do.

I understand there is just as good protection at the other sans even though they have the additional help of the city fire departments.

EATON'S OF CANADA

**IT PAYS TO SHOP AT EATON'S
THROUGH THE MAIL ORDER CATALOGUES**

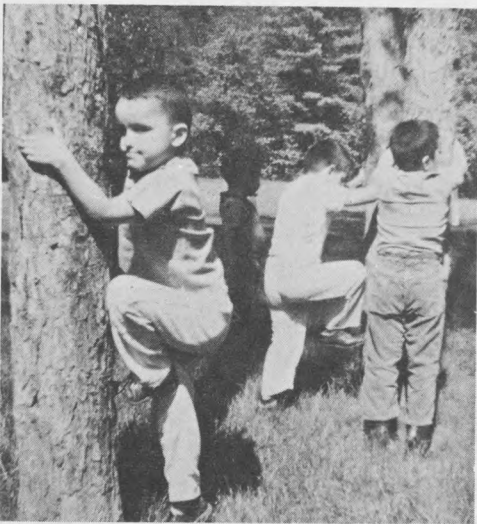
CHILDREN'S SERVICE-Prince Albert Sanatorium



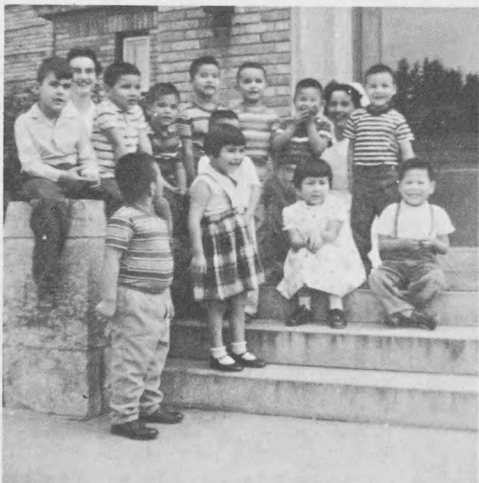
Marie Brittain, Grace Littlewolf,
Gloria Inkster.



Eileen Ballantyne, Verna Constant, Berna-
dette Custer, Leona Rabbitskin, Dorothy
Thomas, Gloria Chickenrunner.



Who says "I can't?"



A few of the children at the front entrance.

NEWS from SASKASAN

By C. Harry Armitage

Well here it is, time to tear off the month of September and look at October for a month on the calendar, and a sure sign that our summer season is officially over, as a matter of fact autumn has been with us since September 22nd, and being the season between summer and winter ends December 21st, the shortest day.

Makes one wonder just what "we did with our summer," doesn't it? All in all it was a beautiful summer, albeit same was rather slow of arriving, from now on anything can happen in the weather line.

Already the patients are more or less settling down to their fall and winter routine, rueing the fact that the good old summertime is over for another 5 or 6 months.

Now lets start the ball rolling by mentioning several of the ex-patients in for check-up since last issue... George Stewart from Maidstone, on September 27th, received a good report.. George, still thin recuperating from an ulcer operation at University Hospital recently but says has never felt better for years. Has no pain of any description and eats well. He spent about an hour after his exam. visiting patients he knew... Frank Klima, from Hudson Bay, also in for exam and says it looks as if he's due for further San treatment... Lee Sing erstwhile patient discharged few months ago, had check-up latter part of September, didn't say anything about his exam. He's from Saskatoon...

Mrs. Joy Johnstone from Weekes, was still another ex-patient receiving a good report, over which she was highly elated. Joy had surgery. She visited her brother in Saskatoon for a day or so before returning home... Rev. J. H. Young, retired church minister from Wilkie, and who was a patient here for a short time in 1959, visited me prior to recent check-up and said was feeling fine... Art Lewis who was discharged for three months returned in late September, and is now "bedded

down on 3rd floor for another session. Visiting Art one evening he informed me his new room was the 13th since he was admitted several years ago, and he's not superstitious. He, at one time had a paying hobby of making doll's dresses and hats and draping them on model dolls. Queried as to whether he'd restart this hobby again, he replied, "not unless there's a demand for them." Herb English, ex-patient from the days of High School classes in the San and one of the last pupils as such, was in for a check-up September 23rd and as he expected, he received a very excellent health report from his doctor. He's a healthy looking young fellow, weighs over 200 pounds Herb, upon his discharge attended the University of Saskatchewan, taking an engineering course. He has still a few years left to complete the course but says had to take "time out" for a year in order to replenish the "Piggy Bank" by working at the Damsite, between Outlook and Elbow, expecting to resume studies at the "U" in 1961... Mrs. Mike Korol discharged September 23rd was almost a year as a San patient, she was admitted September 28th, 1959. Improved greatly since her admittance, she says she will still have to take things easy for some time. Her husband, Mike, was also discharged recently... Harry Ferniuk, a patient since September 7, 1959, was discharged for three months on September 21, 1960. Understand Harry, whose home is in Wakaw, will be living in Saskatoon during his three months' absence.

Anyone seeing "Bert" Kimble soon after his admittance and now, couldn't help but notice the improvement in "Bert". Still thin, he nevertheless has put on a few pounds, has color in "them thar Jowls" and vitality, seemingly inexhaustable. They tell me he even sasses the women in white, in all he must be feeling ok.

One of the newest patients is a young man by the name of Ronald Lloyd, erstwhile school teacher, is possibly the only man having to, as he puts it, "Spend my honeymoon in the San." Ron was married in July of this year, and on August 31st became a patient, as a result of an x-ray exam to obtain a certificate for teaching. Too bad they didn't have an x-ray before marriage. However, he is not neglected, his wife happens to be a nurses assistant at the City Hospital, and visits quite frequently. "Ron" thinks he might be hospitalized for a year. He is quite contented and enjoys his meals. Coming from Lloydminster and having the family name Lloyd, he is quite often asked if he's a descendant of the late Bishop Lloyd, after whom Lloydminster is named. Nor is he a relative of ex-Minister of Education W. S. Lloyd. He's not related to either.

Archie Yee Kee, packed his shopping bag on September 29th and left for a few days leave, his first since admittance. Archie brought back "oodles and oodles" of nickles and dimes so that he can supply

the demand for dimes to purchase cokes. Good idea, Archie.

While speaking of Archie, he and Jake Klassen during the summer, armed with flyswatters, did a very good job of slaughtering the flies and other unwanted insects that somehow manage to get inside. Archie's "territory" was more or less centered close to his far west end room in a corner on the balcony, whereas Jake kept wandering around centre and east wing, inside and on balcony, swatting all the flies, etc., he could see, until he could see no more. They were dubbed "our official flyswatters."

A few patients witnessed the partial eclipse of the sun on September 20th. It began about 4.40 p.m. and lasted for about two hours. It was at its best about 6 p.m. at which time it was witnessed by the patients and some staff members. Later on it was obscured by clouds and for those who intended to see it later on resulted in disappointment, as they never had the chance to see it later on. It was both dangerous and almost impossible to witness the eclipse sun on account of being partial and the sun very bright, so colored glasses and exposed snapshot negatives were used. All dangerous to the sight. Remember that.

Miss N. Peters, an affiliate nurse from City Hospital, on duty that night was one who witnessed the phenomenon and mentioned it was the very first glimpse she had ever seen of an eclipse and was something to remember her month of affiliation at the San.

One person who will be missed around the San is 25 year old Andrew "Andy" Dong, who since March 1960, has been a cleaner. He resigned August 31st to accept a position in a retail store, the Saskatoon Co-op Centre. Andy is a son of Tom Dong, longtime San patient. Very thorough and obliging, Andy was liked by all. They were sorry to see him leave.

Martin Dogniez, head orderly, who has been on the sick list for several months, was recently up hobbling around the San on two canes, visiting patients and staff. Nice to see you again Martin. Metro Yurchuk, is acting head orderly during Martin's illness.

Jake Klassen without question takes the "prize" for largest number of visitors in one week. Commencing on September 18th and ending on September 25th he had a total of 39 visitors, as follows—one on Wednesday, one on Thursday, six on Friday, six on Saturday, and 25 on Sunday! How long will this last Jake? Incidentally he has a 365 page diary presented to him by one of his sons, which he "keeps track" of weather and daily visitors, should be good reference material in the future.

Two lovely large postcards, one (measures 5¾ inches) addressed to Sven Austerhouse, a patient, and the other addressed to "The Patients on 2nd Floor," were received on different dates from Mrs. Gisela

Fleck, an assistant nurse, German born, on two months' leave visiting her native Berlin. The patients' card was a whopper measuring 8¼ inches long and 6 inches wide. Gisela's card to Mr. Austerhus is written in German and read as follows: "Landed in Berlin. Having a wonderful time. Time goes fast. Hearty greetings." The patients card was beautifully written in English: "This card comes from Gisela Fleck. I hope every one is well, or will get well very soon. About myself, I can say that I had a swell time flying from continent to continent (although I slept much) enjoying the journey in every detail was not too difficult. Many things along the way kept me spellbound. Wishing you happy days."

Many slides and pictures and descriptive letters have been received every few days since June by Mr. and Mrs. Joyce, parents of Dorice Joyce, who some of the older staff members and patients will remember as working part time at the San switchboard about five years ago. Having received her B.A. degree at the University of British Columbia, she took further studies in Social Work at the University of Edinburgh. Since June, along with a nurse friend from Paris, she has been hitchhiking and staying at youth hostels, travelling on the continent. After attending festivals and ballets in London, Munich, Germany, Black Forest, etc., Belgrade in Yugoslavia, Athens in Greece, Switzerland, etc. In Vienna, Austria, she spent several days with Dr. Henschel's mother and brother, enjoying it immensely. She sails in October for Canada and will continue her work in British Columbia this fall.

Jim Bileski, ex-patient, who has had surgery twice, is back with us again as a patient. Jim calls 241 his home.

Quite a few staff changes lately. Irene Redlick, nurses assistant for ten months, resigned and left on Wednesday, September 28th. She contemplates a Bible study course at Three Hills, Alberta. Jean Rice, commenced duty as a nurses assistant August 29th, lives only a few blocks away from the San on Ave. N. She's the gal with the Pixie haircut and loves rice. No fooling, she does! Then there is Lorraine Preston, transferred from a diets aide position to nurses assistant on second floor.

* * *

THIRD FLOOR

Three months since our last report, so we'd like to bring you up to date about the patients on our floor. Surgical patients have been: Mrs. A. Koch and Mickey Roddy, both whom have since returned to Fort San; Gilbert Thomas back to P.A. San; Ed Becker in his old room in west wing; Jim Inkster, Joyce Moncrief moved to second floor; Carl Rithaler, Olga Lozinski, Mrs. Irene Kurylo, Bernard Schuman, former Fort San-ites; Mrs. Adeline Montegrande, Abel Roberts, from P.A. San; and

Mrs. Dreamer; have all had surgery and looking forward to the time of their discharge. Speaking of discharge Louise Janvier, Mike Chmil, Rod McGregor and Slim Greenslade have all reached that coveted goal. Mrs. Thin and Sarah Hardlotte have returned to P.A. San with F. Christopherson, P. Paulson, W. Romanow, H. Peluk all back to Fort San. Some of our new patients are Mrs. Angelique Wanhella, Rose Pische, La Verne Jessup, Arthur Lewis, Maurice Oudot, Jean Montegrand, Clarence Hoffman, Nick Zabrocki and Jernand Henry. We hope your stay is short and a profitable one in regained health. Now follows the report written for last month, but since that Harry Armitage wrote so much about his floor, our news was omitted, so move over this month Harry, we're here!

Now for a quick visit to some of the rooms, Mrs. Armand Fontaine became a "mamma" again on August 12, when their son, Roger, was born. They have a daughter, Helen, born August 2, 1959, and also celebrated their second anniversary in July. The summer will always be a busy time of celebrations for them. Marie Mireau managed a visit home. Those of you who remember her sister Beth will be sorry to hear she is a patient at Aberhart San, Alta. This time she leaves a husband and family. She reports gaining weight. Are you next Marie? Ed Fourcier and Bill Hyrniuk are two of those fortunate men who have increased their waistline. Ed has also lost his appendix recently. Ab May is up and around after surgery. Besides frequent visits from his family, his two sisters from Ontario spent their holiday in the west too.

Yen Ching Gee, Mah Yen, Dip Fong are side by side now and enjoyed the flowers they received. Hubert Gervais had a recent visit from his family, some of them whom he hadn't seen for a year. Mr. Kun likes to watch the children at play since his grand-daughter Angeline is one of them. Herb Acton was out on a two weeks pass. Mr. Jonasson expects his discharge any day. Mrs. Muriel Pattison has moved to 2nd. Mrs. Mary Holmes is busy changing her spectacles these days, one pair to see with and the other to read with, so nothing much is missed by her these days. She and Pattison need to start their reducing exercises TODAY not TOMORROW. Bert Allen was moved to centre so he could keep a better eye on the nurses.

Tony Bakker who had a sojourn at University Hospital is back with us. Mrs. Fulton had her son and daughter from Ontario to visit her in the holidays. Mrs. Joyce makes sure she gets her outdoor exercises now while the weather is fine. When you get to know Mr. Fester they say he loves to share a funny story with you. Julia Berghland is able to get frequent passes now. Agnes Bouvier likes to try out the two new wheel chairs.

Everyone is so pleased with them. Glen Toll enjoys his sports via radio as he chases cure. Paul Keen enjoys his cut-door exercises. Carl Fransen is one of the lucky ones who goes to the D.R. for hot meals. Peter Briet is a hard man to keep track of some days. Tom Dong is busy playing cards and visiting his friends in W. Wing. Pete Brown has a box of tooth-picks for sale. Herman Nary, an oldtimer, is a good cure chaser. Henry Duff is up and around again after the misfortune of hurting his back. It was the longest time he ever spent in bed at one time he says. Frank Johanson was able to go home on pass to see about harvest. Earl Shellum is busy chasing cure, reading. Art Salter has finished working on the grounds as he has done for many years.

We have had a lot of third floor assistants leave recently. They were Irma and Ruth Witt, Diane Dubois, Rose Messner, Bonnie Cox, Lois Berg and Irene Heppner. New additions to the staff are Cecilia Feser, Joyce Sveum, Marlene Liffers and Miss E. Kapunscenski, R.N.

The World Series is now past history with Pittsburg Pirates the victorious team. Man, oh, man, the excitement was high during that last game. Just hope there weren't too many disappointed people. There were surely a lot of happy ones!



By the time this appears in print Mrs. Muriel Pattison, nee Brehon, will have returned to her husband the Rev. Earl Pattison and their two children Sheila and Donnie at Esterhazy. Recently Muriel has been rehabilitating herself by five hours daily in the laboratory. Her friends wish her well and that she will never again have to seek the shelter of the san.

* * *

WE KIDS OF KIDS TOWN

Rita Forcier (age 11)

Penny Plue, a 9 year old girl, is from Saskatoon. Carole Harper, a 7 year old girl, is from Onion Lake. Anna Unger, a 2½ year old girl, is from Hague. Born in

Patos, Durango (State), Mexico, she speaks no English, but is said to speak Low German. Her father, John, was also born in Mexico, but his father was one of a group of farmers who left the Hague district in 1925 for Mexico to start farming.

Robert Kelly, Debbie Kelly, Sharon Kelly, Ronnie Kelly and Marlene Kelly came to this san about two weeks ago. Their home was at Harris.

We were all moved to the ladies end of W.II. and the ladies are at the children's part in the middle of second floor. We made so much noise that the ladies were all mad and that's why all the moves. The kids always used to go to the ice box and put their finger in and so they took it away.

Rita Forcier's brother was a visitor on September 25th. Kathy Koski's folks and auntie visited her on September 30th. Rosemarie Forcier, Rita Forcier, Joyce Dreaver, Terry Dreaver, Beatrice Thomas all have new shoes. Beatrice Thomas is allowed to get out of bed for a while. On September 20, 6 p.m., Rita Forcier saw her first partial eclipse from the balcony of west wing. Carole Harper has had a cold for about a week. When it started she complained so the doctor came to see her and told her to go to bed. Ten year old Kenny Larson from Esterhazy has gone home for three weeks and then will come back for another operation.



There are 12 children going to school, and there are six kindergarten pupils. The school is in room 215 but the six smaller ones are in the hallway because they made so much noise we could not do our work. School hours are from 9.00 to 11.30, just in the morning. There are pupils in all grades from one to seven. The teacher is Mrs. Brewer who was teacher before the school closed a while ago for there were no pupils then.

—RITA FORCIER

* * *

To the Editor,

I am very sorry for the delay in making up this small note of appreciation to all the staff in the Saskatoon Sanatorium and to all the patients with whom I had such a very nice and enjoyable time.

I was very glad when I left the San, but I also left behind a lot of very glad times and friends that I will never forget and to all these very fine people I wish to thank for my stay there. As you all know I was a patient for 2½ months before entering the Saskatoon and the conditions there were very different from this San. We have a very fine group of nurses that we should all be proud of in the way that we were treated. It was just like one great big family as far as I was concerned. We all had our ups and downs but that can't be accounted for in a place where we couldn't get out when we wanted to but as I found out the time comes for all of us and once you do get out even for an hour it means a great deal for us and that is when you once know that you are on your way to recovery.

There is one more thing in closing that should be remembered by everyone in the San and that is this, "Don't let life get you down and make the best with what you have at hand and things will come along just fine for all of you." I wish everyone in the San a very quick recovery and I will see you all out walking around in the sunshine one of these very fine days.

Yours truly,

Lorne Haugen.

* * *

Dear Editor,

I would like very much, through the pages of the Valley Echo, to thank Dr. MacPherson and staff for the wonderful consideration and kindness given to me after a recent trip to Saskatchewan to attend the funeral of my late father, Louis A. Cooke of Brock, Sask.

It was a more than difficult trip to make, but I will never forget, and will always be appreciative of Dr. MacPherson's interest in my difficulties and the immediate medical aid given me.

Really, how does one say "thank you"

To friends Marie Mireau, Mrs. Chartier, Dr. Cephonea and Johnnie Wharton, how good to have seen you all again! Even under these circumstances! Hasn't our "cure" changed considerably from the (dubiously) 'good old days.'

I shall drop the ladies a note very shortly, and in the meantime if any of my old friends happen to see this letter in the Echo, I would appreciate hearing from you if you have the time to write.

We live in a lumber camp here in Vavenby, and there are all sorts of things I can write you about in return.

In the meantime God bless you all.

Sincerely,
Mrs. Stanley A. Simpson
(nee) Pearl Cooke.
c/o Birch Island Lbr. Co.,
Vavenby, B.C.

Should Air Travel Be Limited?

Although anoxia (oxygen deficiency) is the most threatening event in aerial flight, there are other conditions which may effect health or comfort. The familiar condition of motion sickness may increase the hazard of anoxia. The large airline companies list airsickness as the major problem at all times of the year. It accounts for 30 to 75 per cent of the total number of passenger discomforts reported. No normal person is immune to motion sickness, but only about 10 per cent of all adults are highly susceptible, and it rarely becomes severe enough to threaten health.

Brief mention should also be made of other situations that cause discomfort in flight. Sinus or ear distress may occur through rapid barometric pressure changes. Any gas-containing structure (stomach, intestine, pneumo-thorax space) will expand as pressure falls, so that at 18,000 feet the volume is double that at sea level. Such an event may be dangerous in patients with pneumo-thorax, pneumoperitoneum, emphysema, and certain gastro-intestinal disorders.

Any of the situations mentioned above can be aggravated by anxiety before or during the flight. In evaluating whether or not a patient can tolerate travel by air, the important factors are: (1) the condition of the patient—whether reduction of oxygen or pressure may be detrimental to him, (2) whether special care, such as oxygen, will be required; (3) the type of airplane, altitude, weather, or duration of flight; (4) what facilities are available in the airplane for the care of patients.

Various lists of suggestions have been compiled for the attending physician on air travel for different types of patients—cardiac; patients with respiratory disease, including tuberculosis, pulmonary fibrosis and/or emphysema, asthma, bronchiectasis, pneumonia, lung cancer, and various upper respiratory infections; diabetics, pregnant women; patients with severe anemia, nervous and mental

diseases; and, in fact, almost every disease one can think of.

At one time, many limitations were placed on air travel for such patients, but as experience accumulated, particularly during the war, when severely wounded men were flown long distances, it became apparent that air travel seldom aggravates the disorder. Many patients use the airlines to reach medical centers.

Airline experience bears out the validity of this judgment. For civilian flights the number of deaths occurring aloft in a 22-year period was found to be very small in comparison to the number of passengers being flown. Actually, only 91 deaths occurred among 135,000,000 passengers, or less than one per million, and these in patients with very serious cardiovascular disease in which it was impossible to attribute the cause of death to physical stimuli encountered in flight.

This does not mean, however, that blanket approval can be given to all to travel by air. There are conditions associated with flight, such as oxygen want, pressure changes, and airsickness, that might be expected to influence adversely patients with certain conditions. Very shortly, a valuable document entitled "Medical Criteria for Passenger Flying" will be published by the Aerospace Medical Association. Until then, suffice it to say that the particular disease and its severity, combined with the ability to increase ventilation, are the most important factors in making an estimate of the altitude tolerance and duration of exposure.

NTA Bulletin

STOP PRESS

As the Echo goes to press the closing of the Prince Albert Sanatorium is announced, the patients being gradually transferred to the Saskatoon and Fort Qu'Appelle sanatoria over the next few months.

Does Smoke Get In Your Eyes?



For a while it was rather fun to watch the way people reacted to what the research men said about cigarette smoking. It isn't as much fun now that all the scientific studies come up with the same answer about the part cigarette smoking plays in lung cancer.

But if you can forget the grim facts and just stay interested in people and the excuses they make for sticking to something despite the evidence that they should change their ways, then it is still an interesting study.

We are all inclined to think we are logical, sensible, reasoning people. And we proceed as if other people were. That is how arguments arise. Each one parading a set of facts that is convincing to him—but not to the other fellow.

Once in a while the facts seem to have some impact. At the meeting of the Canadian Public Health Association, Dr. Oscar Auerbach, a man who has dealt with hundreds of cases of cancer of the lung, stated frankly that he has yet to find lung cancer in a non-smoker. At the end of his lecture (accompanied by **very** convincing slides) we took a peek around at the audience.

Not a cigarette was burning. Then we took another look to see if certain people were there. They were not. They weren't going to make them-

selves miserable by listening to evidence which they hadn't the strength to heed.

There could hardly be better proof that common sense fails us than the fact that people pay out three or four thousand dollars, at the rate of \$150 to \$200 a year for the cigarettes that increase the danger of lung cancer. And they can't even deduct it from their income tax! It looks as if there is no compensation at all.

It looks that way—unless one has the habit. Then it looks different. Perhaps smoke gets in your eyes.

TB or not TB

NEVER HAVE

"I wonder why there are so many more auto wrecks than railway accidents?"

"That's easy. Did you ever hear of the fireman hugging the engineer?"

* * * *

Love is like hash—you must have confidence to enjoy it.

* * * *

Two lunatics were playing a little game. "What have I got here?" asked one with his hands cupped.

"Three navy patrol bombers," was the answer.

The first looked carefully into his cache—"Nope," he said.

"The Empire State Building?"

"No."

"The Philadelphia Symphony Orchestra?"

The other looked into his hands again, and said slyly, "Who's conducting?"

LOVE'S LABOR

Let me be a little kinder,
Let me be a little blinder
To the faults of those about me;
Let me praise a little more,
Let me be when I am weary
Just a little bit more cheery;
Let me serve a little better
Those that I am striving for;
Let me be a little braver
When temptation bids me waver;
Let me strive a little harder
To be all that I should be;
Let me be a little meeker
With a brother who is weaker;
Let me think more of my neighbors
And a little less of "me".

NEED

FOR MEDICAL RESEARCH

A Montreal doctor, Dr. Harold Griffith, is the first Canadian to become a Fellow of the Royal College of Surgeons' Faculty of Anesthetists. The appointment is a tribute to his discovery of the use of curare (the poison used by South American Indians to tip their arrows) to relax muscles during operations. It also attests to the increasing world stature of the Canadian medical profession and Canadian medical research.

Ever since the days of Sir William Osler, Canadian physicians and surgeons have carried on a great deal of medical pioneering in a quiet way. The names of Banting and Best, co-discoverers of insulin, have long been household words. Today other names are also becoming inseparably linked with their fields; two examples are Dr. Wilder Penfield in neurology and Dr. Hans Selye, whose work on stress in the human body recently received tangible recognition through a research grant from the United States Public Health Service.

Research costs money and the best appreciation is that expressed in financial support. The Dominion Government's \$1,000,000 medical research fund, established to commemorate the Queen's visit, is welcome recognition of this fact. It is to be hoped it will be the precursor of many more such gifts; the general public's understanding of the requirements of medical research still falls far short of what is needed. Too many of Canada's brilliant young men, in this field, as in others, go elsewhere because penny-pinching denies them facilities.

There is a lot of talk today about Canadian nationalism; about what constitutes a true expression of Canadianism; about flags and anthems. Nothing could be a finer example of mature patriotism than wholehearted support for Canadian research directed toward the alleviation of human suffering far beyond the borders of this country.

What Can a Doctor Do?

When the layman feels tense, unhappy, lonely, rejected, depressed, or browned-off, all he needs to do is say to himself: "I've got a pain under my ribs. It's probably the old ticker again. I'll just pop round to see my doctor" . . . The doctor tells him his heart is quite all right. All that's the matter with him is that he has been working too hard, taking life too seriously . . . The doctor pats him on the back and the patient goes away twice the man.

But what can a doctor do when **he** feels fed up? He can try saying all those things to himself, but they sound hollow and unconvincing that way. Or he can consult a colleague; but colleagues are too fond of ordering uncomfortable barium meals and painful biopsies.

I overcome the difficulty from time to time by finding something wrong with my mouth—usually cancer. I go to my dentist, have my teeth polished, and then just before I get up from the chair I ask casually: "By the way, I suppose this is nothing here?" He looks and then says: "That's just a muscle attachment—you've got one on the other side just the same." But I can't be forever having my teeth polished, so very often I drive out to a little village store—the comprehensive kind catering not only for the household but also for the sick body. The proprietress beams at me across the counter between a pyramid of soapflakes packets and a cardboard structure advertising disinfectant:

"What is it today, Sir?" she asks.

"Indigestion," I say. "Awful nagging pains just under my ribs here. Oh, I do feel poorly."

"Yes, you're looking very tired too, Sir. I expect you've been working too hard. What you need is a tin of these Wallopo Fruit Salts. They'll put you right in no time."

And they do.

HIGH COST OF FASHION

Mary was pretty, plump, eighteen, and very interested in her first job. She was also interested in her good-looking young supervisor. So after he had made a few teasing references to her well-rounded curves, Mary decided to lose weight in a hurry.

Without consulting anybody, Mary planned a rigid diet for herself. "A wisp of hay and half an apple" pretty much describes Mary's menu for each meal. Her parents were horrified, but she ignored their protests. Sure enough, after a while Mary was fashionably slim.

She decided to expand her diet a bit. But now found she had no appetite, so she didn't eat much more than before. And although she didn't intend to, she lost more weight. Now Mary admitted to her uneasy mother that she felt tired all

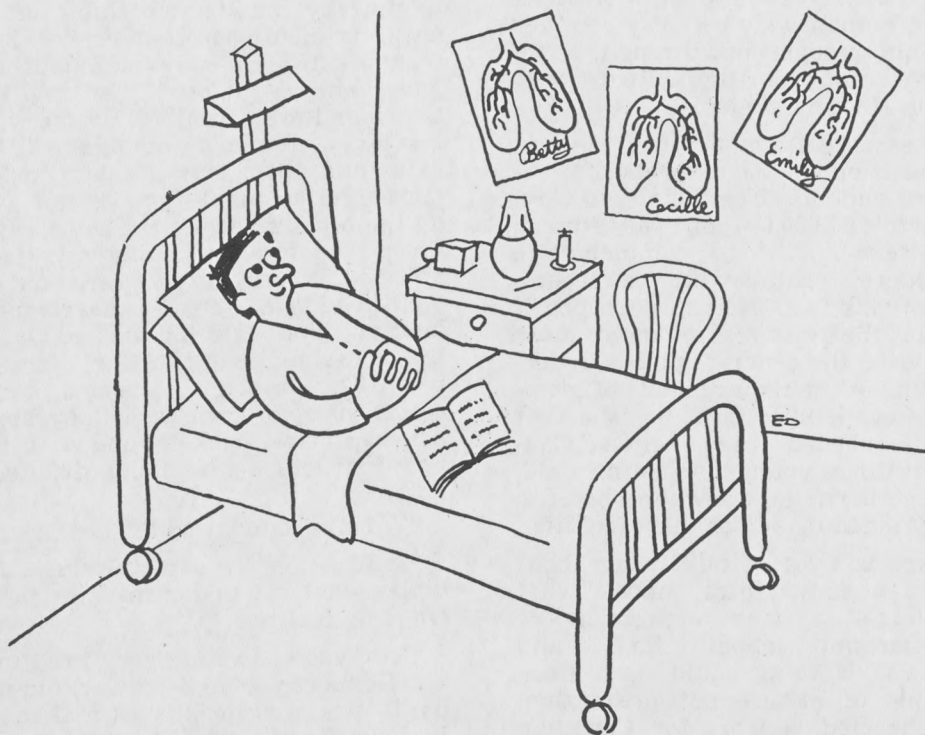
the time. To the suggestion that she eat more, she said she couldn't.

Then Mary's mother took her to the family doctor. He took some chest x-rays. A couple of days later he had a laboratory test made. Then he told them . . . Mary had tuberculosis.

How did she get it? Well, like millions of other Americans, Mary had carried TB germs in her lungs for years. All that time they were quiet and could have remained inactive for the rest of her life. But Mary's reducing diet, lacking a doctor's supervision, had brought on malnutrition.

Mary was in the hospital for six months. Back home again, Mary continued to rest, take drugs, and eat properly. Now twenty, Mary is once again pretty and she no longer has that super-fashionable figure for which she paid so high a price.

—From a USA exchange.



—Sanscript

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The Echo has received two return envelopes each with a dollar bill, one posted in Moose Jaw on June 3rd and the other having no postmark but in neither instance is there any information about the sender. We think these came from doctors, so if you are not receiving the Echo which you anticipated please let us know.

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- SFU — SASKATCHEWAN FARMERS' UNION**
- POOL — SASKATCHEWAN WHEAT POOL**

All year 'round farm organizations are hard at work trying to find solutions to Canadian farm problems. All segments of farm industry are represented by this group which works co-operatively for the betterment of agriculture.

They know Canadian prosperity depends largely on a healthy farm economy and by raising Canada's agricultural standard they are working to benefit all Canadians.

KNOW AND SUPPORT THESE GROUPS

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